



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

04/29/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986603827

FACILITY NAME -> DARBY CORP

MAILING ADDRESS -> 256 ORCHARD ST
WESTFIELD, NJ 07090

INSTALLATION ADDRESS -> 1800 LOWER RD
LINDEN, NJ 07036

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MANNINO STEPHANIE SECRETARY
DARBY CORP
256 ORCHARD ST
WESTFIELD, NJ 07090

Fedexp

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91-03-22

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 6 6 8 3 8 2 7

II. Name of Installation (Include company and specific site name)

DARBY CORP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1800 Lower Rd

Street (continued)

City or Town

LINDEN

State

NJ

ZIP Code

07036 -

County Code

County Name

Union

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

256 Orchard St

City or Town

Westfield

State

NJ

ZIP Code

07090 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MANNINO

(first)

Stephanie

Job Title

SECRETARY

Phone Number (area code and number)

201-232-2810

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

256 Orchard St

City or Town

Westfield

State

NJ

ZIP Code

07090 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

DARBY CORP

Street, P.O. Box, or Route Number

256 Orchard St

City or Town

Westfield

State

NJ

ZIP Code

07090 -

Phone Number (area code and number)

908-233-8803

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)

Month

Day

Year

Mrs. Jansen 10:35 3-25-91 yld

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☒ 1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
- ☐ 2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

X. [Signature]

Name and Official Title (type or print)

Barry Corp. Secretary

Date Signed

3/21/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

UNITED STATES ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.

31 MAR 29 PM 12:47

PERMITS ADMINISTRATION
BRANCH

3/22/91

Dear Sir/Madam:

We are returning a copy of your Notification of Hazardous Waste Activity Form because it is deficient as indicated below. Please provide the missing information along with an original signature in the certification block, and return to:

USEPA - Region 2
Permits Administration Branch
26 Federal Plaza, Room 505
New York, New York 10278

Thank you for your cooperation in the RCRA Program.

- ☐ Installation Contact
- ☐ Installation Phone Number
- ☐ Ownership Phone Number
- ☒ Type of Hazardous Waste Activity
- ☒ Description of Hazardous Wastes/Waste Codes

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